

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35558

State File No. _____

Registrar's No. 65

NOV 15 1943
Registration District No. 2

Primary Registration District No. 6003

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME John W. McCarter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mora Bell McCarter 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Dec 28 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 7 hr. min.

9. Birthplace New Salem Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

MOTHER FATHER { 12. Name John McCarter
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Little
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mora McCarter
(b) Address Hannibal, Mo R F D No 4

17. (a) Burial (b) Date thereof Nov 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gray Cemetery

18. (a) Signature of funeral director W. H. Hulse
(b) Address Center Mo

19. (a) 11-8-43 (b) R. D. Berkey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Hannibal, R F D No 4
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th
year 1943 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov - 5, 1943, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General Remission Duration _____

Due to _____

Due to _____

Other conditions 8301
(Include pregnancy within 3 months of death)

Major findings: Of operations /

Of autopsy /

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. E. Baldwin (M. D. or other) Coroner
Address New London Mo Date signed 11/10/43

RECEIVED

District Health Officer No. 10

Sanitary File Number 11-43-1817

Date Filed NOV 12 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: Glenn R. Hulse

Licensed Embalmer No. 3356

P. O. Address Center No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.